

## **Court Alcohol and Drug Program New Hire Form**

This form is to be completed by the Program Director within 30 days of any new hire. Please use one form per new staff member. This form may be emailed to <a href="mailto:trobinson@courts.state.in.us">trobinson@courts.state.in.us</a>, faxed to (317) 233-3367, or mailed to the Indiana Judicial Center, 30 South Meridian Street, Suite 900, Indianapolis, IN 46204 Attn: Travis Robinson.

Date of Hire:	Male or Female	(necessary for data entry)
Staff Name:		
Program Name:		
Program Director:		
Position: Clerical Staff  Case Manage	er Assessor Program Di	rector
Is this staff member currently CSAMS co	ertified?	Yes 🗌 No 🗌
Will this staff member pursue the CSAM	S credential?	Yes No No
Does this staff member have a 4-year col	lege degree?	Yes No No
Does this staff member have a substance recognized by the Department of Mental		Yes 🗌 No 🗌

Please remember if a program is probation based new hire information must be submitted to both A&D and Probation. There is a PO Update form located on-line.